2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 20 PM 12:00

DOCUMENT # F88982

1. Entity Name
MEDMARK SERVICES, INC.

Principal Place of Business	Mailing Address
311 S. WACKER, SUITE 650 CHICAGO, IL 60606	311 S. WACKER, SUITE 650 CHICAGO, IL 60606 US

05132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2212083 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TARACIDO, MANUEL E 1688 MERIDIAN AVENUE SUITE 502 MIAMI BEACH, FL 33139	Name: CT Corporation System Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Christine Eastwine Christine M. Eastwine Assistant Secretary 5/19/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO GECSEY, BILL 311 S. WHACKER, SUITE 650 CHICAGO, IL 60606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO, Pres., Asst. Sec., BM William J. Gecsey 311 S. Wacker, Suite 650 Chicago, IL 60606	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM WILLCOXON, SAM 1513 LAKESHORE DR BARRINGTON, IL 60010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO, Sec., Treas. Michael W. Grove 311 S. Wacker, Suite 650 Chicago, IL 60606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM STEFFY, DAVID 6 CYPRESS POINT LANE NEWPORT BEACH, CA 92660	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM Gregory M. Weinhoff, M.D. 1055 Washington Blvd. Stamford, CT 06901	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM COLLINSON, JEFF 1055 WASHINGTON BLVD STAMFORD, CT 06901	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900055197329 05/24/05--01071--001 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William J. Gecsey, President May 13, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #